



## ROOFING PERMIT PACKET

Please complete the following and submit along with permit packet.

<u>Construction Type</u>	<u>Roof Type</u>	<u>\$Contract Amount\$</u>
Re-Roof	<input type="checkbox"/> Metal <input type="checkbox"/> Shingle	\$ _____
Roof-Over	<input type="checkbox"/> Metal <input type="checkbox"/> Shingle	\$ _____

The following inspections are required:

**Roof Over**

- In-Progress
- Final

**Re-Roof**

- Sheathing
- Final

**\*\*Roofing affidavits for residential dwelling can only be submitted with prior approval from the Building Inspector. If for some reason, the sheathing inspection cannot be completed, please contact me for other alternatives.\*\***

**Roofing permits are based on the valuation of the contract price provided; any job that is \$2500 or more requires a notice of commencement to be filed at the Clerk's Office.**



THIS INSTRUMENT PREPARED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COMMENCEMENT**

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED HEREBY INFORMS YOU THAT IMPROVEMENTS WILL BE MADE TO THE CERTAIN REAL PROPERTY AND IN ACCORDANCE WITH SECTION 713.13, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS STATED IN THIS NOTICE.

1. DESCRIPTION OF PROPERTY:

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. NAME AND ADDRESS OF OWNER:

4. OWNER'S INTEREST IN SITE OF IMPROVEMENT:

NAME AND ADDRESS OF THE FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

5. NAME AND ADDRESS OF CONTRACTOR:

6. NAME AND ADDRESS OF LENDER MAKING A LOAN FOR CONSTRUCTION OF IMPROVEMENT:

7. NAME AND ADDRESS OF PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED:

8. IN ADDITION TO HIMSELF, OWNER DESIGNATES THE FOLLOWING PERSON TO RECEIVE A COPY OF THE LENDER'S NOTICE AS PROVIDED IN SECTION 713.06(2)(b), FLORIDA STATUTES:

9. THE EXPIRATION DATE OF THIS NOTICE OF COMMENCEMENT IS ONE (1) YEAR FROM THE RECORDING DATE HEREOF.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING NOTICE OF COMMENCEMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DATE OF  
20\_\_\_\_, BY \_\_\_\_\_, THE ACKNOWLEDGER IS  
EITHER (A) PERSONALLY KNOWN TO ME; OR (B) HAS PRODUCED \_\_\_\_\_ AS  
IDENTIFICATION, THE ACKNOWLEDGER (DID) OR (DID NOT) TAKE AN OATH.

MY COMMISSION EXPIRES:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA.

**Jefferson County Building Department**  
**445 W. Palmer Mill Rd. < Monticello, FL 32344**  
Ph. No. 850-342-0223 < Fax 342-0225

**Construction Debris Disposal**

Property ID Number: \_\_\_\_\_

911 Address of Site: \_\_\_\_\_

Contractor or Business Name: \_\_\_\_\_

**Construction Debris generated during, after or due to above project will be disposed of as follows:**

(    ) Jefferson County supplied roll off construction dumpster.

◆     Contact Beth Thorne 850-342-0184

(    ) Private provider of debris removal or dumpster service.

(    ) Hauled by owner/contractor to dump site in Madison County

◆     Aucilla Waste Area; Hwy 221 South, Greenville

(    ) Other means

Explain \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**You are not allowed to place construction debris in or around any county/city dumpster not explicitly for construction use.**